

## Foster Family Home - Corrective Action Report

Provider ID: 4-170047

Home Name: Absalon Velasco, CNA

Review ID: 4-170047-4

534 Kuikahi Drive

Reviewer: Angel England

Wailuku HI 96793

Begin Date: 6/5/2019

### Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1 Home inspection survey done for a 2 bed recertification. Corrective action report issued during inspection with a written plan of correction due to CTA by 7/5/19.

### Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.a.1 and 8.a.2 Fingerprinting/APS/CAN check lapsed: CG#1 was due on/before 4/5/19 and was done 5/21/19, CG#2 was due on/before 5/27/19 and was done 7/11/19. HHM#1 recently turned 18 and has an appointment scheduled for 6/6/19.

### Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.b.5 No confidentiality/privacy rights training present for HHM#1 or HHM#2.

## Foster Family Home - Corrective Action Report

### Foster Family Home

### Personnel and Staffing

[11-800-41]

- 41.(b)(6) Comply with all applicable federal, state, and county laws, ordinances, rules, regulations, and regulatory requirements, including but not limited to statutes that prohibit discrimination against any person, on the grounds of race, color, national origin, religion, creed, sex, age, marital status, or handicap;
- 41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and
- 41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

#### Comment:

41.b.6 Home has made some home renovations. It is unclear if the renovations were properly permitted, such as sealing off the client area from the main home, making a caregiver bedroom that is less than 70 sq feet with no window, etc. CTA will need proof that the renovations were either properly permitted or that no permit was necessary from a licensed professional.

41.b.7 There is no 2018 or current TB clearance present in record for CG#2.

41.b.8 CPR/1st aid lapsed for CG#1, was due on/before 4/15/19 and was done 5/27/19.

### Foster Family Home

### Fire Safety

[11-800-46]

- 46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

#### Comment:

46.a There are no records present for fire drills conducted from June 2018 to November 2018.

### Foster Family Home

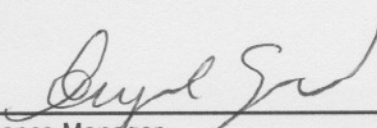
### Physical Environment

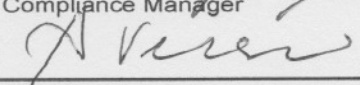
[11-800-49]

- 49.(a)(1) Bathrooms with non-slip surfaces in the tubs and or showers, and toilets adjacent or easily accessible to sleeping rooms;

#### Comment:

49.a.1 There is no non-slip surface in the shower area.

  
Compliance Manager

  
Primary Care Giver

  
Date

  
Date

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
Listed in Corrective Action Report  
Chapter 17-1454

CCFFH Name: **Absalon S Velasco**

CCFFH Address: **534 Kuikahi Drive Wailuku HI 96793**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8 a.1/8.a.2	Lapse cannot be corrected	6/5/19	Home understand the background check requirement. Aside from the phone and calendar I will place board schedule reminder to prevent future lapse.
16.b.5	HHM#1 and HHM#2 was trained on confidentiality and signed the form in the administrative binder	6/15/19	In the future, all new CG and household members will received this training within the days being added in the home.
41.b.7	TB clearance was obtained for SCG#2 It was placed into home record	6/14/19	Home will used spreadsheet on laptop and board to identify when requirements are due in 2 months before the expire to allow time to get them done before they are due
41.b.8	Lapse cannot be corrected	5/27/19	Home understand that requirements be on date. Will be more diligent identifying due date on laptop, phone calendar or schedule board.
46.a	Fire drill has done by CG#1. Form has been pout into home binder.	6/15/19	Fire Drills will be done by each care giver at least once a year. Home developed a schedule and has it posted on the refrigerator.
49.a.1	Non slip surface has been placed in the shower floor	6/10/19	Safety is #1 priority for client. <del>Non-slip</del> surface shall always be in place in shower.
41.b.5	Home had place back door and hallway for access in main house (see pic attchd)	6/10/19	Home instead place access to the main house and it will not be sealed.

Primary Caregiver's Signature: \_\_\_\_\_

Print Name: **Absalon S Velasco**

Date of Signature: **JUNE 21, 19**